

**STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES  
MEDI-CAL POLICY DIVISION  
RATE DEVELOPMENT BRANCH  
LONG-TERM CARE REIMBURSEMENT UNIT**

**RATES EFFECTIVE 8/1/2002**

	RATES EFFECTIVE 8/1/2001	RATES EFFECTIVE 8/1/2002	PERCENT CHANGE
FREESTANDING NURSING FACILITIES, LEVEL B (NF-Bs)			
1-59 ALL OTHERS	109.53	113.98	4.06%
1-59 LOS ANGELES	100.67	104.39	3.70%
1-59 BAY AREA	121.78	129.96	6.72%
60+ ALL OTHERS	115.21	115.21	0.00%
60+ LOS ANGELES	103.32	103.54	0.21%
60+ BAY AREA	131.08	131.08	0.00%
WEIGHTED FREESTANDING NF-B RATE *	113.13	113.73	0.53%
FREESTANDING NURSING FACILITIES, LEVEL A (NF-As)			
1-99 ALL OTHERS	66.16	67.94	2.69%
1-99 LOS ANGELES/BAY	72.96	80.62	10.50%
100+ STATEWIDE	84.62	84.62	0.00%
WEIGHTED NF-A RATE *	75.17	77.49	0.00%
INTERMEDIATE CARE FACILITIES FOR THE DEVELOPMENTALLY DISABLED (ICF/DDs)			
1-59	128.86	128.86	0.00%
60+	109.18	110.15	0.89%
60+ WITH A DISTINCT PART	109.18	110.15	0.89%
WEIGHTED ICF/DD RATE *	116.39	117.00	0.53%
ICF/DD-HABILITATIVE (ICF/DD-H)			
4-6 BEDS	149.17	149.17	0.00%
7-15 BEDS	148.17	148.17	0.00%
WEIGHTED ICF/DD-H RATE *	149.09	149.09	0.00%
ICF/DD-NURSING (ICF/DD-N)			
4-6 BEDS	182.79	182.79	0.00%
7-15 BEDS	162.09	162.09	0.00%
WEIGHTED ICF/DD-N RATE *	181.66	181.66	0.00%
DISTINCT PART NF-Bs (DP/NF-Bs) EXCLUDING STATE HOSPITALS			
MAXIMUM DP/NF-B RATE	231.30	236.38	2.20%
WEIGHTED DP/NF-B RATE *	215.42	221.63	2.88%

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NF-B's WITH A SUBACUTE DISTINCT PART (MAX RATE)			
HOSPITAL VENTILATOR	580.07	580.07	0.00%
FREESTANDING VENTILATOR	397.71	397.71	0.00%
HOSPITAL -- NON-VENTILATOR	553.15	553.15	0.00%
FREESTANDING -- NON-VENTILATOR	371.44	371.44	0.00%
WEIGHTED SUBACUTE RATE *	474.47	474.47	0.00%
PEDIATRIC SUBACUTE CARE			
HOSPITAL VENTILATOR	694.81	705.30	1.51%
FREESTANDING VENTILATOR	650.06	659.73	1.49%
HOSPITAL -- NON-VENTILATOR	638.06	647.62	1.50%
FREESTANDING -- NON-VENTILATOR	593.31	602.05	1.47%
WEIGHTED PED SUB RATE*	625.98	642.72	2.67%
VENTILATOR WEANING	38.87	39.53	1.70%
REHAB. THERAPY SUPPLEMENT	41.69	42.40	1.70%
LEAVE/BEDHOLD REDUCTION	4.85	4.95	2.06%
RURAL SWING BED RATE	220.11	226.59	2.94%
SPECIAL TREATMENT PROGRAM	5.72	5.72	0.00%
HOSPICE ROOM @ BOARD			
NF-Bs	107.28	108.04	0.71%
NF-As	71.92	73.62	2.36%
ADULT DAY HEALTH CARE	66.54	68.57	3.05%

\* All weighted rates are based upon the latest rate study days for both periods. Therefore, the prior period's weighted rate may differ from the previous study calculation.

\* The rates presented in the document specifically exclude managed care expenditures.